

JAN 10 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Klony LIEBERMAN, et al.

Application No.: 09/866,859

Group No.: 2173

Filed: May 29, 2001

Examiner: Basom, Blaine T.

For: VIRTUAL DATA ENTRY DEVICE AND METHOD FOR INPUT
OF ALPHANUMERIC AND OTHER DATA

Attorney Docket No.: U 013492-2

Commissioner of Patents
P. O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8(a)

I hereby certify that the attached correspondence comprising:

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

is being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office to (703) 872-9306

Date: January 10, 2005

Signature

CLIFFORD J. MASS

(type or print name of person certifying)

(Certificate of Mailing under 37 C.F.R. 1.8(a) 8-5)

JAN 10 2005

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: Klony LIEBERMAN, et al.

Application No. 09/866,859

Filed: May 29, 2001

Title: VIRTUAL DATA ENTRY DEVICE AND METHOD FOR INPUT
OF ALPHANUMERIC AND OTHER DATA

Attorney Docket No. U013492-2

Art Unit: 2173

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34.

Name	Registration Number
SANFORD T. COLB	26,856

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record

Name	CLIFFORD J. MASS		
Signature		Date	January 10, 2005
Registration Number	30,086	Telephone	(212) 708-1887

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

(Authorization to Act in a Representative Capacity—page 1 of 1) 12-7